

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/521905

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	2					
4	1					
5	2					
6	2					
7	2					
8	2					
9	6					
10	6					
11	6					
12	0					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
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50						
TOTAL IND.	1	1	1	1		
TOTAL DEP.	12	12	19	19		
TOTAL CLAIMS	13	13	20	20		

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						